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649

PLACE OF BIRTH
County of Gila
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 97
Co. Register No. 97
Local Registrar's No. _____

Ward of _____
or _____
City of _____ (No. _____ St. _____ Ward _____)

Full Name of Child Carlos Carrizosa } Born YES
child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive NO

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth 2 Legitimate? yes Date of Birth Feb. 18 1918
(Month) (Day) (Yr.)

| FATHER | | MOTHER | |
|----------------------|-------------------------|----------------------|---------------------------|
| Full Name | <u>Carlos Carrizosa</u> | Full Maiden Name | <u>Margarette Gussman</u> |
| Residence | <u>Globe, Ariz.</u> | Residence | <u>Globe, Ariz.</u> |
| Color or Race | <u>Mexican</u> | Color or Race | <u>White</u> |
| Age at last Birthday | <u>50</u> (Years) | Age at last Birthday | <u>38</u> (Years) |
| Birthplace | <u>Sanora, Mexico</u> | Birthplace | <u>Dolence, Ariz.</u> |
| Occupation | <u>Laborer</u> | Occupation | <u>Housewife</u> |

Number of children of this mother 11 Number of children, of this mother, now living 11 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child; and that it occurred on Feb. 18 1918, at 9 A.M.
*When there is no attending physician or midwife, then the householder could make this return.
(Signature) Alvin Kirmse M.D.
(Attending physician, midwife, householder.)*
Address Globe, Ariz.

Supplemental report _____ 191____
331-218-475
COUNTY REGISTRAR.

Filed Feb. 20 1918
A True Copy
Filed Mar. 6 1918
COUNTY REGISTRAR.

LOCAL REGISTRAR.
COUNTY REGISTRAR.